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# COMPREHENSIVE HEALTH COVERAGE COMMISSION

*INAUGURAL MEETING*

**JULY 25, 2024  
2:00 – 4:00 PM**



# AGENDA

Topic	Speaker	Duration
1. Welcome	Caylee Noggle, <i>Chair</i>	5 minutes
2. Introductions	Commission Members	40 minutes
3. Commission Housekeeping	Caylee Noggle	10 minutes
4. Medicaid Landscape	Lynnette Rhodes, <i>Chief Health Policy Officer, Department of Community Health</i>	35 minutes
5. Introduction to the Office of the Commissioner of Insurance and Safety Fire, and Georgia Access	John King, Commissioner, <i>Office of Commissioner of Insurance and Safety Fire</i>	20 minutes
6. Closing Remarks	Caylee Noggle	10 minutes



# **WELCOME FROM THE CHAIR**

*Caylee Noggle*

# Comprehensive Health Coverage Commission

- ❑ The purpose of the commission shall be to advise the Governor, the General Assembly, and the Department of Community Health, as the administrator of the state medical assistance program, on issues related to access and quality of healthcare for Georgia's low-income and uninsured populations. The commission shall be tasked with reviewing the following:
  1. Opportunities related to reimbursement and funding for Georgia healthcare providers, including premium assistance programs;
  2. Opportunities related to quality improvement of healthcare for Georgia's low-income and uninsured populations; and
  3. Opportunities to enhance service delivery and coordination of healthcare among and across state agencies.
- ❑ Subject to appropriations, the commission shall contract with experts and consultants to produce a semiannual report on its findings for the Governor and the General Assembly. The commission shall provide its initial report to the Governor and the General Assembly no later than December 1, 2024.

# Comprehensive Health Coverage Commission Members

- **Caylee Noggle- Chair**  
*President and CEO, Georgia Hospital Association*
- **Lisa Carnot**  
*Vice President, Risk Management at Pruitt Health Corporation*
- **Pam Clayton**  
*Vice President, Quality Advancement & Regulatory Affairs at Georgia Health Care Association*
- **Kristy Klein Davis**  
*President, Georgia Health Initiative*
- **Delvecchio Finley**  
*President and CEO, Atrium Health Navicent*
- **Dr. Harry J. Heiman**  
*Clinical Professor, Dept. of Health Policy and Behavioral Sciences at GA State School of Public Health*
- **Dr. Sid Moore**  
*Physician, Eye Center of Central Georgia*
- **Dr. John Odom**  
*Physician, Metro Surgical*
- **Joseph R. Ross, Esq.**  
*Partner, Morris, Manning & Martin, LLP*



# Commission Resources and Contact Information:

Website

<https://dch.georgia.gov/comprehensive-health-coverage-commission>

Commission Email

[chc.commission@dch.ga.gov](mailto:chc.commission@dch.ga.gov)

Shawn Walker, *Project Management Director*

Ky Gallagher, *Assistant to the Commission*



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Medicaid 101

Lynnette R. Rhodes

Chief Health Policy Officer

Date: July 25, 2024





## Overview of Medicaid & CHIP Programs

Georgia Medicaid

1915(c) HCBS Waivers

1115 Demonstration Waivers





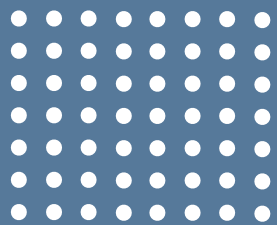


GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Our Purpose

Shaping the future of *A Healthy Georgia* by improving access and ensuring quality to strengthen the communities we serve.

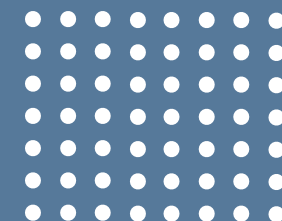




# SECTION TITLE



**GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH**





## Overview of the Medicaid Program

- Federal-State financed program that provides medical assistance for low-income individuals and families
- Administered by the states within broad federal guidelines
- Primarily serves low-income families with dependent children, aged, blind, or disabled (SSI-eligible individuals), pregnant women, children, and newborns
- Payor of last resort



## Overview of the Medicaid Program

- The federal matching rate is called the Federal Medical Assistance Percentage (FMAP)
- FMAP is designed to provide a higher percentage of federal matching to states with lower per capita incomes
- The actual federal share dollars are referred to as federal financial participation (FFP)
- Georgia's FMAP for FFY24 is 65.89%. FFY25 will be 66.04%



## Overview of the Medicaid Program – FMAP for Medicaid

LOCATION	FMAP % FFY 2024	FMAP % FFY 2025
ALABAMA	73.12%	72.84%
FLORIDA	57.96%	57.17%
GEORGIA	65.89%	66.04%
MISSISSIPPI	77.27%	76.90%
NEW YORK	50%	50%
TEXAS	60.15%	60%



## Overview of the Medicaid Program

- Medicaid program must be operated in accordance with its approved state plan
- The state plan is a comprehensive written document that describes:
  - Basic eligibility
  - Coverage & Limitations
  - Reimbursement Methodology
  - Administrative policies
- Available online: <https://medicaid.georgia.gov/organization/about-georgia-medicaid/medicaid-state-plan>



## Overview of the Children's Health Insurance Program

- Federal- State financed program that provides healthcare
- Children eligible for CHIP are in families with incomes too high to qualify for Medicaid, but too low to afford private coverage
- Serves children through 18 years of age
- Administered by states according to state and federal laws
- Not an entitlement program



# Georgia Medicaid & PeachCare for Kids Program





## Department of Community Health (DCH)

- DCH is the **single State Agency** designated to administer and supervise the administration of the Medicaid program. (42 C.F.R. § 431.10)
- DCH oversees program administration and funding for all Georgia Medicaid and PeachCare for Kids<sup>®</sup> services
- DCH has a combined federal and state budget of more than **\$18 billion** annually
- DCH is led by Commissioner Russel Carlson, the Chief Administrative Officer of the agency.



## Department of Community Health (DCH)

- DCH provides medical assistance utilizing a Fee-For-Service model and a Managed Care model.
- DCH serves approximately 2.3 million Medicaid and PeachCare for Kids<sup>®</sup> members.
- DCH contracts with three (3) Care Management Organizations (CMO).
  - Amerigroup
  - CareSource
  - Peach State Health Plan

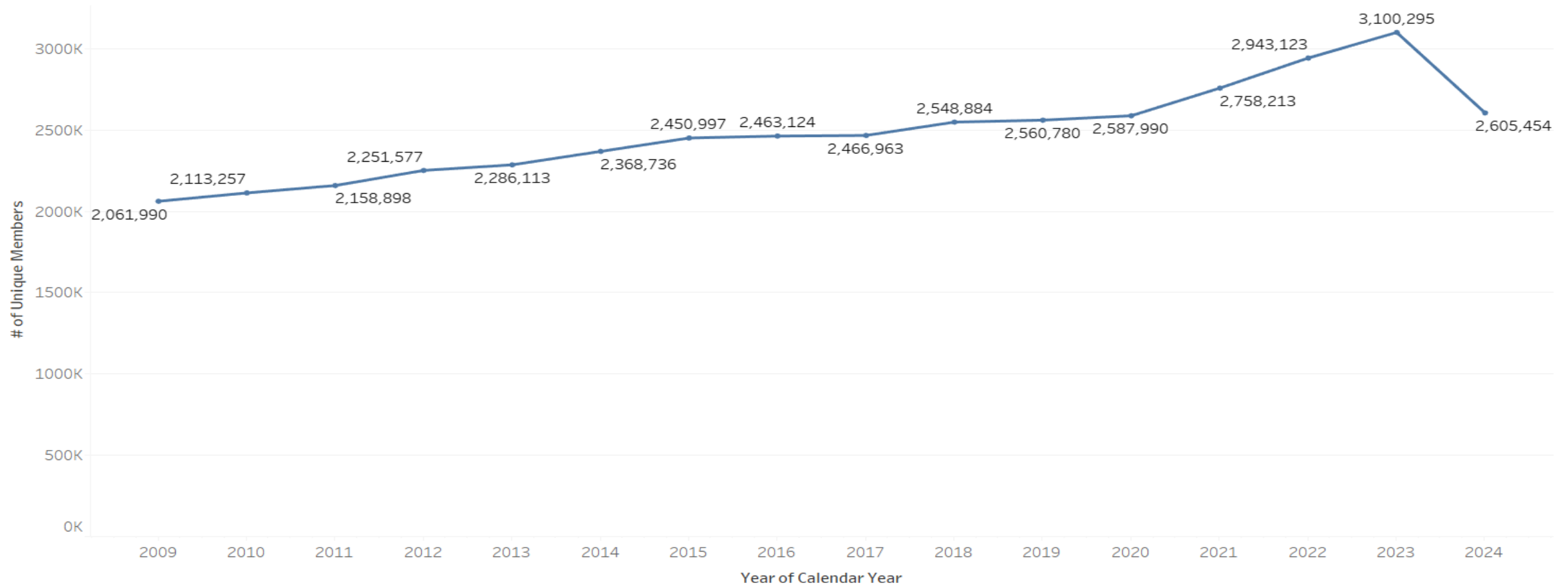




## Medicaid Enrollment by Year

2009 through 2024

*Represents data through July 15, 2024*





MANDATORY SERVICES		OPTIONAL SERVICES
Inpatient Hospital Services	Nurse Midwife Services	Prescription Drugs
Outpatient Hospital Services	Home Health Care for adults	Hospice Services
Laboratory & X-ray	Dental Care	Prosthetic Devices
Physician Services	Family Planning Services (childbearing age)	Physical Therapy, Occupational Therapy, Speech Therapy
Federally Qualified Health Center Services	Rural Health Clinic Services	Eyeglasses
Nursing Facility Services (over age 21)	Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)	Personal Care Services
Non-Emergency Medical Transportation	Nurse Practitioner	Rehabilitative Services



## **Recent Program Changes**

Express Lane Eligibility

12 Months Continuous Coverage for Children

12 Months Postpartum Coverage

Coverage of Clinical Trials

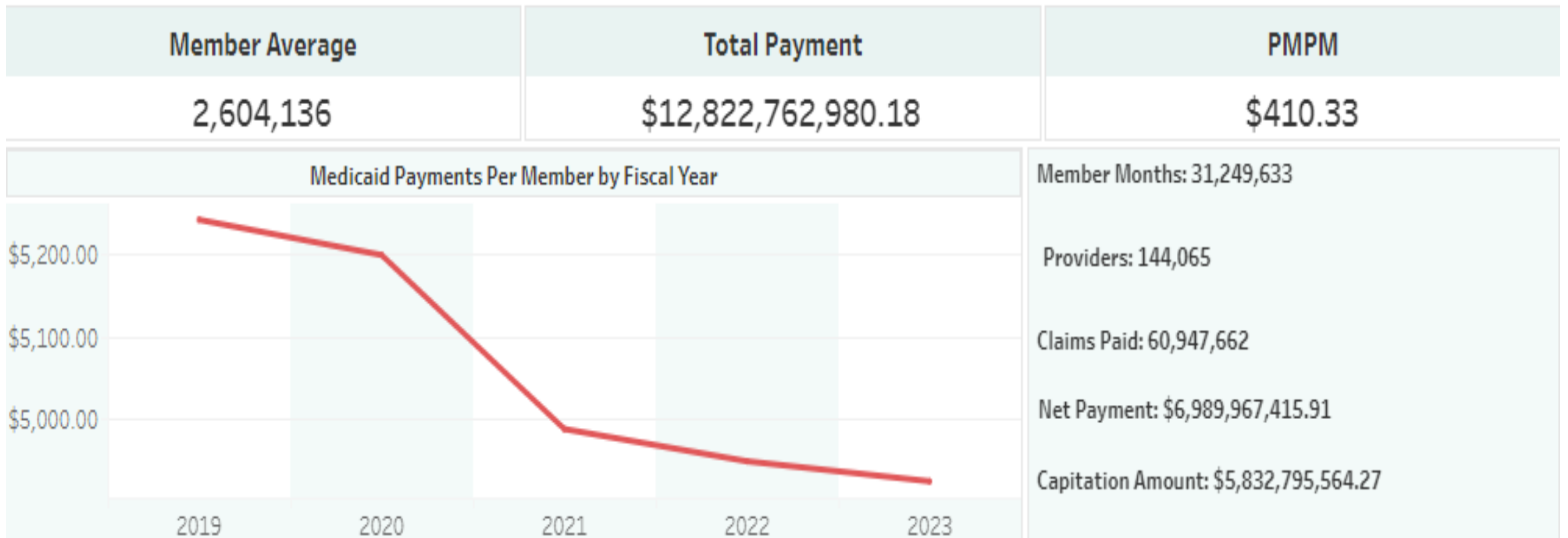
New Service Types & Provider Types

Provider Rate Increases

Pathways 1115 Waiver



## FY 2023 Medicaid Enrollment and Payment Summary

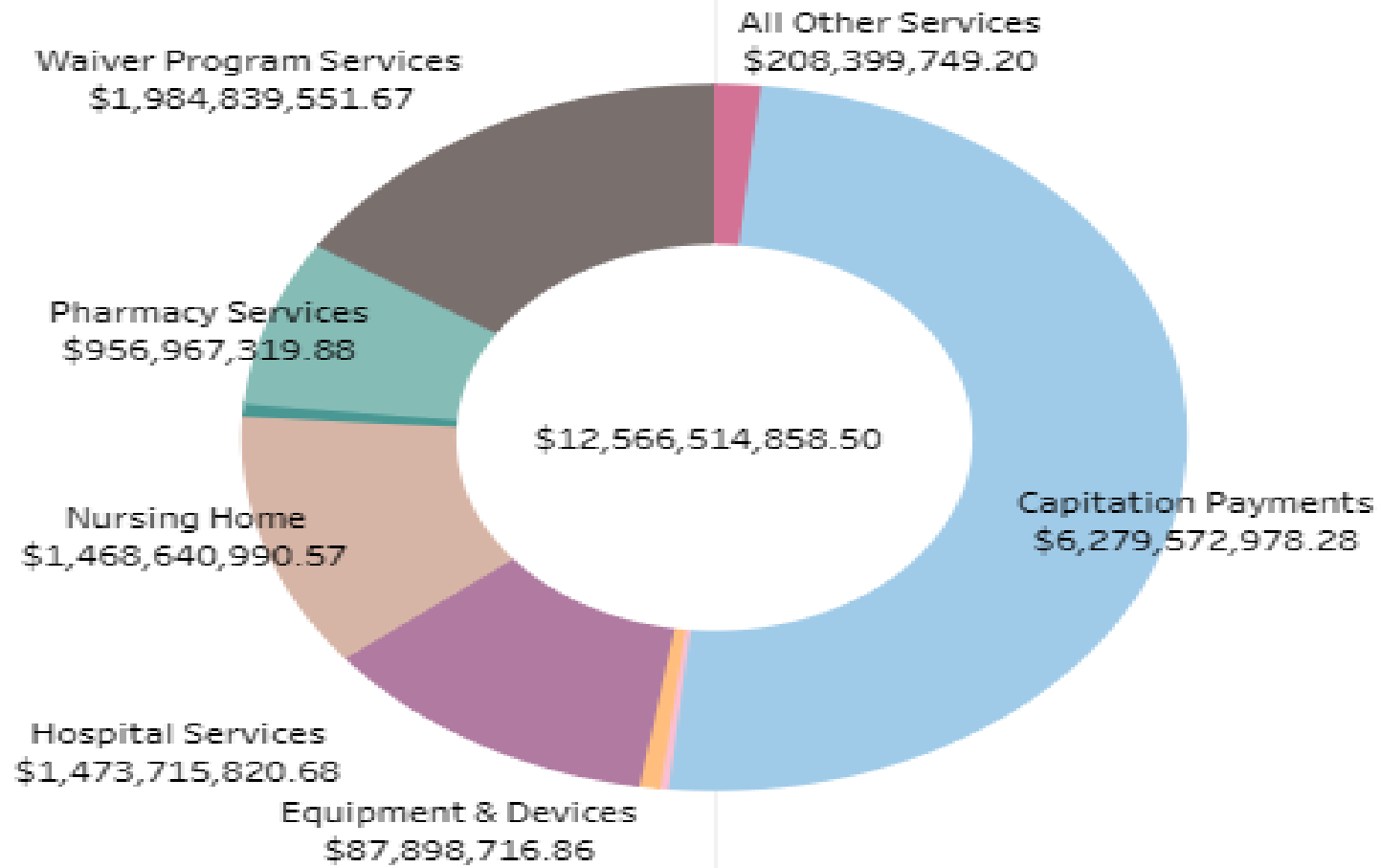




# Medicaid 101

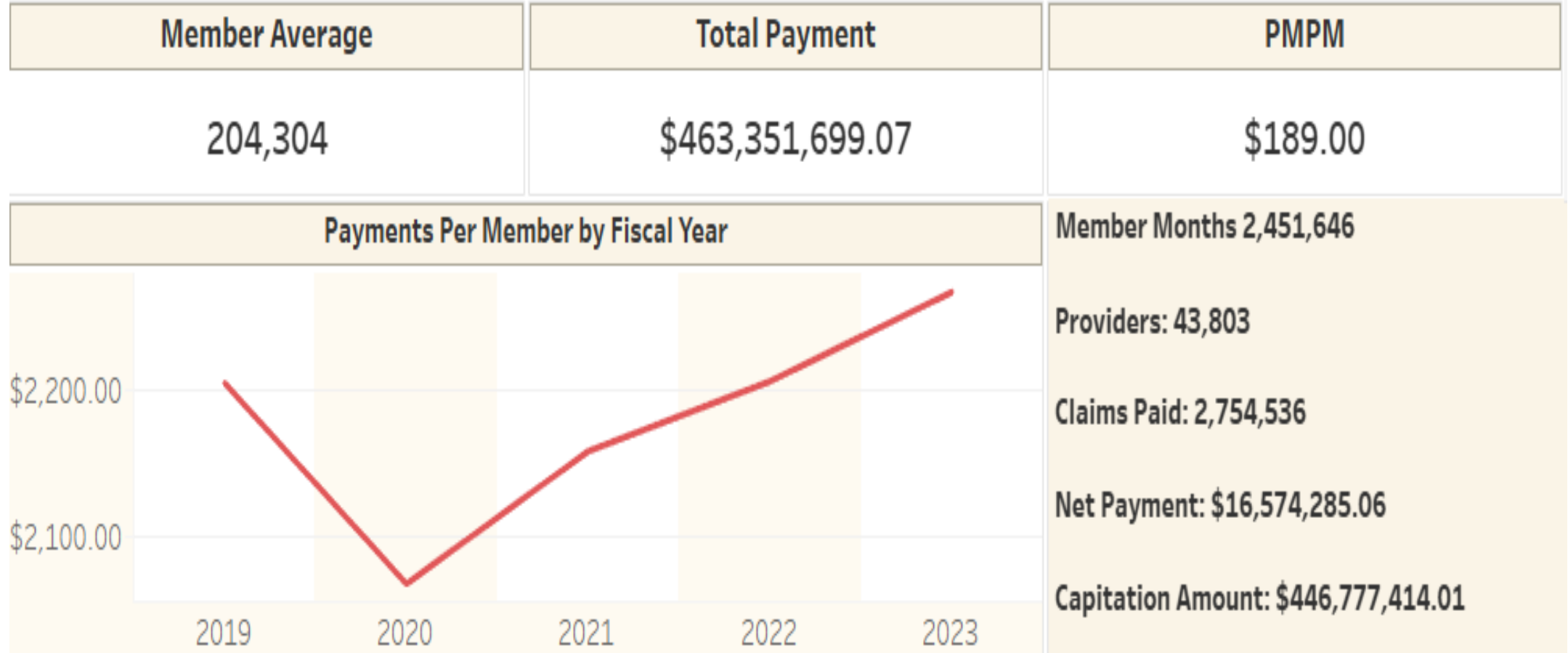


FY 2023 Medicaid Payment Distribution by Category of Service





## FY 2023 PeachCare for Kids Annual Report



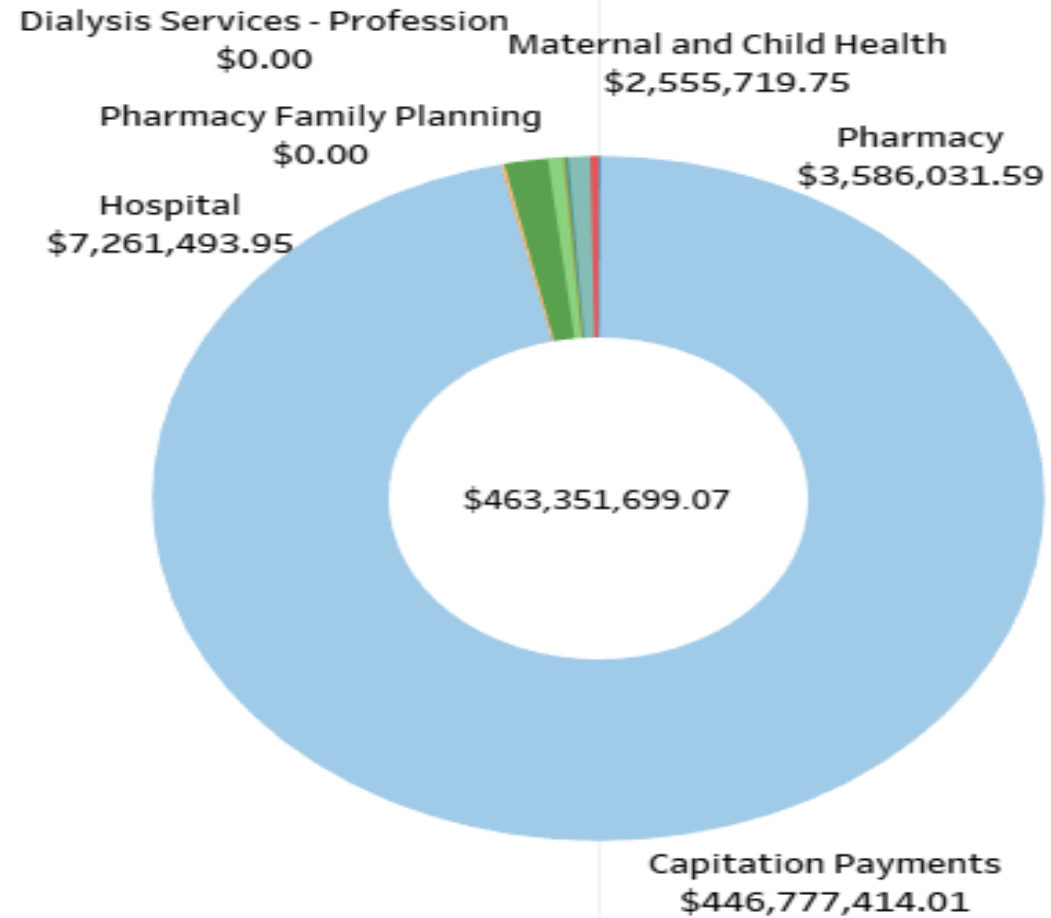




# Medicaid 101



**FY2023 PeachCare Payment Distribution by Category of Service**





## Approved Waiver Authorities



## State Waiver Authority

- Allows states to test new or existing ways to deliver and reimburse for health care services
- Waives certain Medicaid rules outlined in the Social Security Act
- Types of waivers include:
  - Home & Community Based Waivers
  - Section 1115 Demonstration Waivers
  - Section 1332



## **1915(c) Home and Community Based Waivers**

- Elderly & Disabled Waiver
  - Community Care Services Program (CCSP)
  - Service Options Utilizing Resources in a Community Environment (SOURCE)
  
- Comprehensive Supports Waiver (COMP)
  
- New Options Waiver (NOW)
  
- Independent Care Waiver Program (ICWP)



## **1915(c) Home and Community Based Waiver Common Characteristics**

- Required to meet an institutional level of care
- Medicaid or potentially Medicaid eligible
- Services cannot cost more than the Medicaid reimbursed care provided in an institution
- Member chooses community based rather than institution
- Member may only participate in one waiver program
- All waivers require Estate Recovery
- All Waivers have Policy and Procedure Manuals posted on the Georgia Medicaid Management Information System [www.mmis.georgia.gov](http://www.mmis.georgia.gov)



## ➤ NOW/COMP Waivers (New Options and Comprehensive Waiver Programs)

Operated by the Department of Behavioral Health and Developmental  
Disabilities (DBHDD)



## **1915(c) NOW/COMP Waivers**

- Provides home and community-based services to members who have intellectual disability or developmental disabilities.
- Requires diagnostic and functional evaluation
- Services include, but are not limited to:
  - Behavioral Supports
  - Supported Employment
  - Physical Therapy, Occupational Therapy, Speech Therapy
  - Community Access, Community Guide, Community Living Supports



## Independent Care Waiver Program

Administered by the Department of Community  
Health with Contractor Alliant





## 1915(c) ICWP Waiver

- Serves individuals with physical disabilities or Traumatic Brain Injury who are age 21-64.
- Meets nursing home or hospital level of care criteria
- Services include, but are not limited to:
  - case management
  - personal support services
  - skilled nursing
  - environmental modifications



## Elderly & Disabled Waiver

Administered and Operated by  
Department of Community Health



## 1915(c) EDWP

- Includes two Operating Programs:
  - Community Care Services Program (CCSP)
  - Service Options Utilizing Resources in a Community Environment (SOURCE)
  
- Elderly and disabled population
  
- Services include, but are not limited to:
  - Adult Day Health, Personal Support, Home Delivered Meals



## 1115 Waivers



**PLANNING FOR HEALTHY BABIES (P4HB)**





## Planning for Healthy Babies

- Uninsured women who are otherwise ineligible for Medicaid or the Children's Health Insurance Program (CHIP), ages 18 through 44
- Women who are losing Medicaid pregnancy coverage at the conclusion of the postpartum coverage period
- Women within three years of delivery of a very low birth weight (VLBW) baby (less than 1,500 grams or 3 pounds, 5 ounces), who are not otherwise eligible for Medicaid or CHIP.
- Services include: Family planning related services



## Pathways to Coverage

Improve access, affordability, and quality of healthcare in Georgia with strategies to:

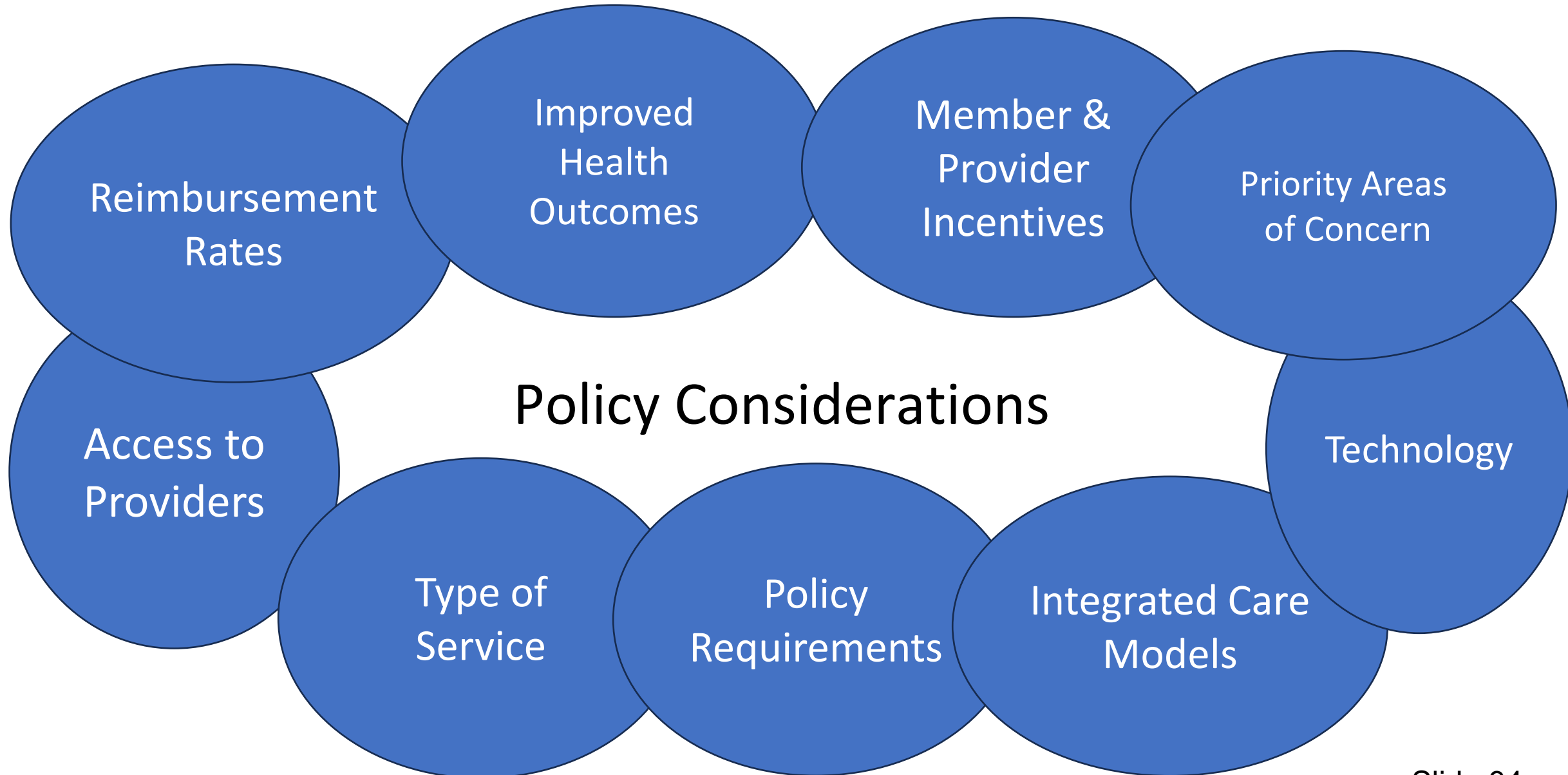
- **Improve the health of low-income Georgians** by increasing access to affordable healthcare coverage by encouraging work and other employment-related activities
- Reduce the number of **uninsured Georgians**
- Promote member transition to **commercial health insurance**
- **Empower Georgia Pathways participants** to be active participants and consumer of their healthcare
- Support newly eligible member enrollment in **employer sponsored insurance**
- Increase the number of persons who become **employed**
- **Increase wage growth** for those who are employed
- Ensure the **long-term, fiscal sustainability** of the Medicaid program



## Pathways to Coverage

Georgia residents now have a pathway to Medicaid coverage if they meet the following criteria:

- **Not currently eligible** for Medicaid in Georgia
- Ages **19 to 64**
- Income is **< 100% FPL**
- Working at least **80 hours / month** or engaged in another qualifying activity
- **American citizen** or documented, qualified alien





# GEORGIA ACCESS

# WHAT ARE HEALTH INSURANCE EXCHANGES?

## The Affordable Care Act (ACA) established:

- Health insurance Exchanges where consumers shop for, apply for, and enroll in Qualified Health Plans (QHPs).
- Federal Premium Tax Credits (PTCs) for eligible consumers which can be paid in advance to their insurance company to lower their monthly premiums.
- Cost-Sharing Reductions (CSRs) for eligible consumers to lower their total out-of-pocket costs (i.e., co-insurance, copays, and deductible) when receiving medical care.

## EXCHANGES TYPICALLY SUPPORT CONSUMERS WHO ARE:

**19-64** years old\*

### Not Eligible For:

1. Medicaid/Children's Health Insurance Program (CHIP)
2. Medicare
3. Employer Coverage

Above **100%\*** of the Federal Poverty Level (FPL)

*\* And families with children who are not eligible for Medicaid/CHIP*

*\*\* If a state has expanded Medicaid, the Exchange and serves consumers above 138% of the FPL*

# WHAT IS GEORGIAACCESS?

In 2023, the Office of Commissioner of Insurance and Safety Fire (OCI) launched the Georgia Access Division and the State-based Exchange on the Federal Platform (SBE-FP) for Open Enrollment (OE) 2024.

**Georgia Access will go live on November 1, 2024 as a State-based Exchange (SBE) for OE 2025.**



## GEORGIAACCESSGOALS



Increase the number of insured Georgians.



Improve the shopping and enrollment experience for consumers.



Strengthen competition, innovation, and private sector investment in Georgia's market.

# HOW MANY GEORGIANS ARE ON THE EXCHANGE TODAY?

## RECORD-HIGH ENROLLMENT FOR 2024



1.3M Georgians selected health plans  
for Open Enrollment (OE) 2024



350,000 Georgians enrolled on-  
Exchange for the first time!

### ON-EXCHANGE ENROLLMENT

	2022	OE 2023	OE 2024
Plan Selections	701,135	879,084 ↑(25%)	1,305,114 ↑(48%)

OCI launched first  
marketing campaign

OCI launched the SBE-FP

# WHY IS GEORGIA ACCESS UNIQUE?

Georgia will be the **first State-based Exchange (SBE) in the country** that will provide a state-run consumer portal and private entity shopping and enrollment options.

## Consumer Enrollment Options



Certified agents



Web brokers



Insurance companies

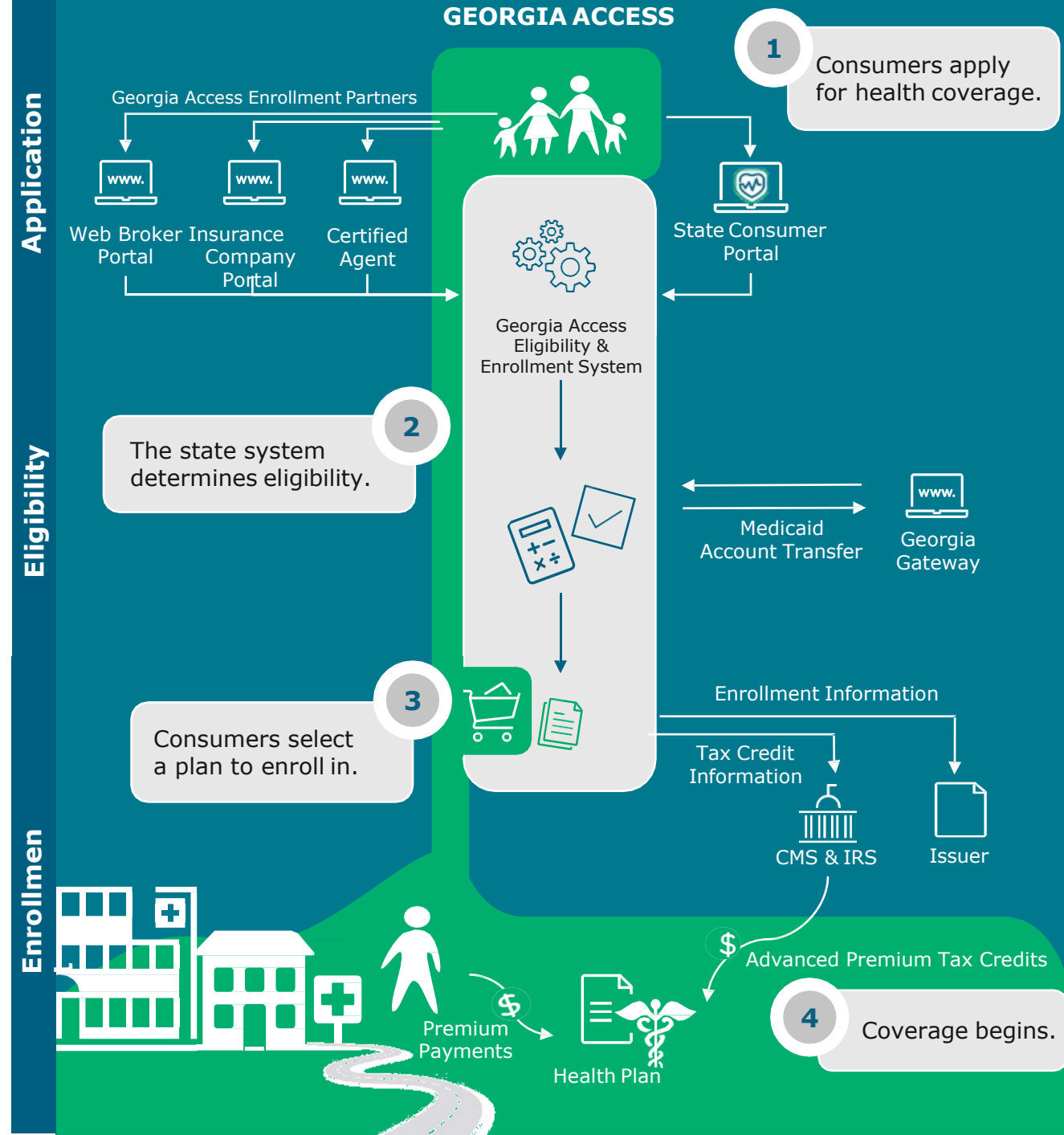


Georgia Access consumer portal



Georgia Access contact center

## The Georgia Access Model


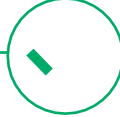



# WHO IS COVERED BY GEORGIA ACCESS?

		Consumers Eligible for Financial Assistance 2024						
Household Income By Federal Poverty Level (FPL)	< 100%	100 –137%	138 -150%	150 -200%	200 -250%	250 -300%	300 -400%	> 400% or unknown
Open Enrollment (OE) 2024	16,977	709,984	124,074	195,566	87,098	50,904	47,648	72,863
Eligible for Premium Tax Credits (PTCs)	No	Yes	Yes	Yes	Yes	Yes	Yes	No
Expected Consumer Premium (% of Income)	No	0%	0%	0 - 2%	2 - 4%	4 - 6%	6 –8.5%	8.5%
Eligible for Cost-sharing Reductions (CSRs)	No	Yes	Yes	Yes	Yes	No	No	No
Consumer Maximum Out-of-Pocket Cost	\$9,450	\$3,150	\$3,150	\$3,150	\$7,550	\$9,450	\$9,450	\$9,450

Sources: CMS OEP 2024 Public Use Files; Health Insurance Premium Tax Credit and Cost-Sharing Reductions Updated February 14, 2024

# WHO PAYS FOR GEORGIA ACCESS?

	 Consumers Subsidies	 Georgia Access Implementation	 Georgia Access Operations
Description	The financial assistance for consumers buying plans on the SBE.	Costs associated with standing-up the new OCI division and SBE.	Ongoing costs of operating the SBE
Payer	Federal Government (IRS)	General Assembly	User fees.*

*\*Georgia Access charges a 2.5% user fee to insurance companies selling plans on Exchange. This is the same funding mechanism the federal government uses for HealthCare.gov.*

# WHY IS THE STATE IMPLEMENTING GEORGIA ACCESS?

1

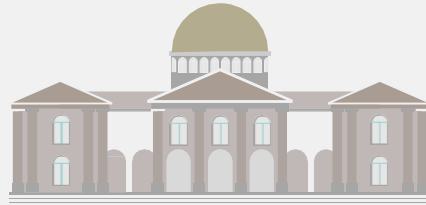
In 2019, there were only **360,000 consumers enrolled** on the Exchange in Georgia and **1.3 million uninsured** Georgians.

2

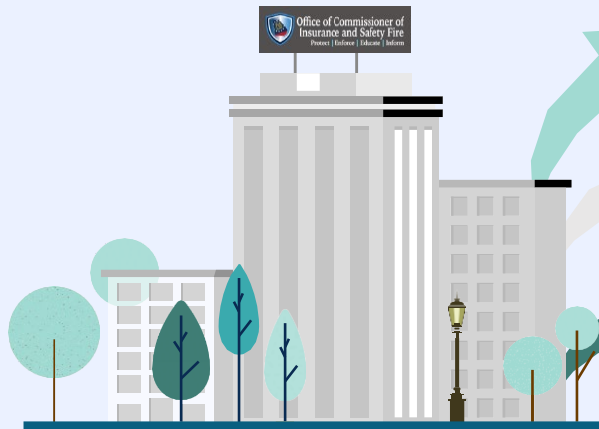
Many **Georgia residents** were **eligible for coverage on the Exchange** with financial assistance but were not enrolling in coverage.

3

**Challenges with lack of choice, lack of access, and high premiums** plagued much of Georgia's market.



In 2019, the Georgia General Assembly passed the **Patients First Act**, granting the Governor authority to pursue innovative strategies for providing Georgians with access to high-quality, comprehensive, and affordable health insurance coverage using an Affordable Care Act (ACA) Section 1332 State Innovation Waiver.



**OCI launched a Reinsurance Program** that resulted in a decrease in premiums by an average of 12% statewide and an increase in carriers available in counties across the state.

**OCI established the Georgia Access Division** with the goal of **transitioning the state off the Federal Exchange** and into an SBE.

In 2023, **Georgia Access received conditional approval** from CMS to transition off the Federal Exchange to a **State-based Exchange on the Federal Platform (SBE-FP)** for OE 2024 and an SBE for OE 2025.





## **Closing Remarks/ Next Steps**

Commission Email

[chc.commission@dch.ga.gov](mailto:chc.commission@dch.ga.gov)